

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)
DOMESTIC VIOLENCE ASSISTANCE PROGRAM
PERFORMANCE ASSESSMENT / SITE VISIT REPORT

- 1. GRANT AWARD NUMBER:** DV09241101
- 2. DATE OF SITE VIST:** 4/19/2010
- 3. GRANT PERIOD:** 7/1/2009 - 6/30/2010
- 4. RECIPIENT/IMPLEMENTING AGENCY:** Women's Center of San Joaquin County
- 5. PROJECT DIRECTOR:** Joelle Gomez

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
Kim Miller	Finance Director	Women's Center of San Joaquin County
Paula Grech	Satellite Program Director	Women's Center of San Joaquin County
Jennifer Lee	Program Director	Women's Center of San Joaquin County
Joelle Gomez	Executive Director	Women's Center of San Joaquin County
Hack Xiong	Program Coordinator	Women's Center of San Joaquin County
Adela Mosqueda	DV Specialist	Women's Center of San Joaquin County
Brian Lovins	DV Coordinator	Women's Center of San Joaquin County

Signature of Program Specialist

Date

Signature of Section Chief

Date

Signature of Project Representative

Date

8/12/2010

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
---------------------------------	-------------------	------------------	-------------------

1. OPERATIONAL DOCUMENTS

Review hard copy/verify the ability to access on line:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATION (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| • Obtain copy of required Fidelity Bond Certificate? <i>[R.H. Section 2161]</i> Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the certificate show: | | | |
| ○ Bonding company name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Description of coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Amount of coverage (50% of allocation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond period | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Grant award number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Employee Dishonesty, Form A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Forgery Coverage, Form B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Does the project have their CEQA documentation on file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Comments:

4. PROOF OF AUTHORITY (R.H. Section 1350)

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? *Ask for copy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A.	ADMINISTRATIVE REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
----	-----------------------	------------	-----------	------------

5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified? ☐ ☐ ☐

Comments:

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (*Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.*) ☐ ☐ ☐

A modification is needed for the following:

- ☐ Budget changes
- ☐ Change in key personnel
- ☐ Adding/changing additional signers
- ☐ Change goals/objectives, or activities
- ☐ Address change
- ☐ Other

Comments:

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130] ☐ ☐ ☐
- Do policies include:
 - Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions ☐ ☐ ☐
 - A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☐ ☐ ☐
 - Work hours ☐ ☐ ☐
 - Compensation rates ☐ ☐ ☐
 - Overtime ☐ ☐ ☐
- Did the Board approve the agency's current personnel policy? ☐ ☐ ☐

Comments:

8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☐ ☐ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor) ☐ ☐ ☐

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
---------------------------------	-------------------	------------------	-------------------

Comments:

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☐ ☐ ☐
 - Name of individual who approves purchases.
 - Name of individual who writes checks.
 - Name of individual(s) who signs checks.

Comments:

10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? ☐ ☐ ☐
- Does the project maintain an accurate inventory log of equipment purchased with grant funds? ☐ ☐ ☐

Comments:

11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant? ☐ ☐ ☐
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? ☐ ☐ ☐
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? ☐ ☐ ☐
- Is the project up-to-date with the submission of Cal EMA Form 2-201? ☐ ☐ ☐

Comments:

12. MATCH REQUIREMENTS

- Does the project have a match requirement? ☐ ☐ ☐
- Is the project meeting the match requirement? ☐ ☐ ☐
- Review the supporting documentation to substantiate cash or in-kind match. ☐ ☐ ☐

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A.	ADMINISTRATIVE REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
-----------	------------------------------	-------------------	------------------	-------------------

13. EEO POLICY

- Go over EEO checklist. (Separate document)

☐☐☐

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

B. PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
-------------------------------	-------------------	------------------	-------------------

GENERAL

1. PROGRAM GOALS AND OBJECTIVES

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. PROGRESS REPORT

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Discuss and review the programmatic Progress Report requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Comments:

3. SOURCE DOCUMENTATION – Programmatic

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Review the project's file system and data collection process. | | | |

Comments:

4. OPERATIONAL AGREEMENTS

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| • Does the project have current Operational Agreements as required by the Grant Award Agreement (three years in length)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Comments:

5. PROJECT STAFF DUTIES

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C.	SUPPLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
-----------	---	-------------------	------------------	-------------------

DIRECT SERVICES

1. Maintain 24-hour crisis hotline

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| • Crisis line staffed 24 hours a day, 7 days a week. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on progress report (PR). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. Counseling to adult DV victims

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Free individual and group counseling provided to adult DV victims. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If counseling referred, OA on file with service providers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

3. Business Center

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Business center open during routine business hours. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Staff coverage provided during lunchtime and staff meetings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

4. Emergency Shelter

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Physical shelter exists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Emergency shelter provided to DV victims and their children 24 hours per day. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Victims and children with disabilities accommodated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Children's services provided. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Accommodations for schooling made while children are in shelter. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Written protocol for reporting suspected child abuse in place. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

5. Emergency food and/or clothing

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Emergency food and/or clothing provided to DV victims and their children. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C.	SUPPLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
	<ul style="list-style-type: none"> • If emergency food and/or clothing is referred, OA on file with service providers. • Documentation procedures ensure accurate statistical data on PR. • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
	6. 24 hour emergency response to Law Enforcement (LE) <ul style="list-style-type: none"> • Written protocol in place to address LE referrals. • Current OA on file with local LE. • Documentation procedures ensure accurate statistical data on PR. • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
	7. 24 hour response to hospital emergency rooms <ul style="list-style-type: none"> • Written protocol in place to address emergency room referrals. • Current OA on file with local emergency rooms. • Documentation procedures ensure accurate statistical data on PR. • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
	8. 24 hour transportation to shelter or other safe location <ul style="list-style-type: none"> • Emergency transportation provided 24/7 to shelter to other safe location. • Documentation procedures ensure accurate statistical data on PR. • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
	9. Counseling to children of DV victims <ul style="list-style-type: none"> • Free, age-appropriate counseling provided to children of DV victims. • If counseling is referred, OA on file with service providers. • Documentation procedures ensure accurate statistical data on PR. • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
	10. Court and Social Service Advocacy for DV victims <ul style="list-style-type: none"> • Victim advocacy to social services agencies provided. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C. SUPPLEMENTAL PROGRAMMATIC REVIEW	YES	NO	N/A
<ul style="list-style-type: none"> • Court accompaniment provided. • Documentation procedures ensure accurate statistical data on PR. • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
11. Legal Assistance			
<ul style="list-style-type: none"> • Legal assistance with TRO's and other protective and/or custody orders. • If legal assistance is referred, OA on file with service providers. • Documentation procedures ensure accurate statistical data on PR. • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
12. Local community services			
<ul style="list-style-type: none"> • Involvement in local DV Council or other collaborative partnerships. • Referrals made to other agencies in the DV services network. • Documentation procedures ensure accurate statistical data on PR. • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
13. Household establishment			
<ul style="list-style-type: none"> • DV victims receive assistance establishing a new residence. • If household establishment assistance is referred, OA on file with service providers. • Documentation procedures ensure accurate statistical data on PR. • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

40-HOUR TRAINING

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Can the project ensure advocates working with victims meet the requirements of a "domestic violence counselor" pursuant to Evidence Code §1037.1(a)(1)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |
| 2. Does the project have a current Training Summary/Training Syllabus which meets the requirements of Training Curriculum Resource and Development Guide? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C.	SUPPLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
-----------	---	-------------------	------------------	-------------------

Comments:

ADDITIONAL REQUIREMENTS

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do the written policies pertaining to the provision of all services are inclusive of all domestic violence victims and their children per the RFA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 2. Does the project provide alternative shelter and other services through motel vouchers and referrals, to the best of their abilities, to all victims of domestic violence served through this program per the RFA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 3. Does the project have a children's program in their shelter facility per the RFA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 4. Does the project make arrangements for school aged children to continue their education during their stay at the shelter per the RFA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 5. Does the project have a documented policy for the handling and storage of confidential client information per the RFA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 6. Does the project have adequate policy and procedures, approved by the Board of Directors, to protect the agency from legal liability, including: | | | |
| • Up to date bylaws which specify minimum/maximum number of, and formal process for selecting, members of the Board of Directors; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Up to date personnel policies which include grievance procedures, leave policies, work hour and benefit policies, regular staff evaluations, and policies for setting salaries and increases. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

C.	SUPPLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
----	----------------------------------	------------	-----------	------------

NOTES:

California Emergency Management Agency

EEO CHECKLIST - B

For Federally Funded CBOs and All State Funded Recipients (Monitoring/Site Visits)

RECIPIENT(s):	_____
IMPLEMENTING AGENCY:	_____
GRANT AWARD #(s):	_____
FEDERAL \$:	_____
STATE \$:	_____
CONTACT PERSON AT SITE:	_____
TELEPHONE #:	_____
E-MAIL ADDRESS:	_____

State funded recipients, Community Based Organizations (CBOs), Indian Tribes and Educational/Medical Institutions are exempt from the U.S. Department of Justice requirement of developing an EEOP. CBOs however are monitored by the U.S. Department of Health and Human Services in EEO compliance matters.

All California Emergency Management Agency (Cal EMA) recipients, regardless of the type of entity or the amount awarded, are subject to the prohibitions against discrimination in any program or activity and may be required by Cal EMA or the U.S. Department of Justice, through selected compliance reviews, to submit data to ensure their services are delivered in an equitable manner to all segments of the service population and their employment practices comply with civil rights requirements.

The following is to assure that CalEMA recipients receiving State and Federal financial assistance are in compliance with civil rights requirements. Please verify that the following EEO documents are available at the site/monitoring visit. If they are not available, please note on this checklist and forward to the EEO Office.

California Emergency Management Agency

EEO CHECKLIST - B

<input type="checkbox"/>	<p>1. EEO POLICY - A current Equal Employment Opportunity Policy Statement. The statement should specifically state that the agency is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex (including pregnancy, childbirth or related medical conditions), marital status, sexual orientation (heterosexuality, homosexuality and bisexuality), medical condition (cancer and genetic characteristics), or disability (medical and physical, including HIV and AIDS), and denial of family medical care leave and pregnancy leave. Additionally, this policy must also apply to deliveries of services to clients and volunteers. This policy must be posted in a prominent place accessible to employees, applicants and clients.</p> <p>YES <input type="checkbox"/> (Request a copy of the policy and indicate if has been issued to staff.)</p> <p>NO <input type="checkbox"/> (Provide attachment 1B)</p>
<input type="checkbox"/>	<p>2. SEXUAL HARASSMENT POLICY - A current policy specifically stating all employees have a right to work in an environment free from all forms of discrimination, including sexual harassment, retaliation and hostile work environment.</p> <p>YES <input type="checkbox"/> (Request a copy of the policy.)</p> <p>NO <input type="checkbox"/> (Provide attachment 2B)</p>
<input type="checkbox"/>	<p>3. DISCRIMINATION COMPLAINT PROCEDURE - Has the recipient adopted a discrimination complaint procedure for filing complaints, both for their employees, volunteers and clients?</p> <p>YES <input type="checkbox"/> (Request a copy of the procedure.)</p> <p>NO <input type="checkbox"/> (Provide attachment 3B)</p>
<input type="checkbox"/>	<p>4. NONDISCRIMINATION POSTER - The CA Department of Fair Employment and Housing (DFEH) poster entitled "Harassment or Discrimination in Employment is Prohibited by Law" must be posted in a conspicuous location accessible to employees and applicants for employment.</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/> (Provide attachment 4A)</p>
<input type="checkbox"/>	<p>5. PUBLICATIONS – Does the recruitment materials or publications include a policy statement of nondiscrimination for participants, beneficiaries, applicants, or employees?</p> <p>YES <input type="checkbox"/> (Request copy of document)</p> <p>NO <input type="checkbox"/></p>
<input type="checkbox"/>	<p>6. COORDINATOR - Has the recipient identified a person responsible for coordinating complaints?</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>PHONE: _____ E-MAIL: _____</p>

California Emergency Management Agency

EEO CHECKLIST - B

<input type="checkbox"/>	7. FINDINGS OF DISCRIMINATION – Has the agency had any findings of discrimination issued in the last five years by the Agency, Federal/State Court, or Federal/State administrative agency (i.e. Equal Employment Opportunity Commission (EEOC), California Department of Fair Employment and Housing (DFEH), etc.). YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/>	8. ALLEGATIONS OF DISCRIMINATION – Has the agency been made aware of any current allegations of discrimination within the (last 2 years) originating from an employee, volunteer or client? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/>	9. DISSEMINATION of the Equal Employee Opportunity Plan and the Equal Employment Opportunity Policy - A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients and to the general public. YES <input type="checkbox"/> (Request a copy) NO <input type="checkbox"/> (provide attachment 10A)
<input type="checkbox"/>	10. LIMITED ENGLISH PROFICIENCY (LEP)* – Has the recipient taken reasonable steps to ensure meaningful access to their programs, services, and information on the services the recipient provides, free of charge? Additionally, has the recipient established and implemented policies and procedures for language assistance services that provide LEP persons with meaningful access, i.e. oral interpretation services, bilingual staff, telephone interpreter lines, written language services, community volunteers, etc. YES <input type="checkbox"/> (Request a copy) NO <input type="checkbox"/> (provide attachment 11A)

**Persons who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English can be limited English proficient (LEP).*

I hereby certify this EEO Checklist is accurate and complete to the best of my knowledge.

PROGRAM SPECIALIST NAME: _____

PROGRAM SPECIALIST TELEPHONE: _____

DATE: _____

COMMENTS:

Upon completion, please send a copy of this checklist to Lisa Abila, EEO Compliance Officer, Cal EMA Headquarters.